

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

APPLICANT(S)

FILING DATE

2834

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT			AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1								51	/				
2								52	/				
3								53	/				
4								54	/				
5								55	/				
6								56	/				
7								57	/				
8								58	/				
9								59	/				
10								60	/				
11								61	/				
12								62	/				
13								63	/				
14								64	/				
15								65	/				
16								66	/				
17								67	/				
18								68	/				
19								69	/				
20								70	/				
21								71	/				
22								72	/				
23								73	/				
24								74	/				
25								75	/				
26								76	/				
27								77	/				
28								78					
29								79					
30								80					
31								81					
32								82					
33								83					
34								84					
35								85					
36								86					
37								87					
38								88					
39								89					
40	/							90					
41		/						91					
42		/						92					
43		/						93					
44		/						94					
45		/						95					
46		/						96					
47		/						97					
48		/						98					
49		/						99					
50		/						100					
TOTAL IND.								TOTAL IND.	8				
TOTAL DEP.								TOTAL DEP.	30				
TOTAL CLAIMS								TOTAL CLAIMS	38				